

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 20747-210

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.		In re Application of Jabbour et al.
Signature: _____ Name: _____		Application Number 10/511,480 Filed 04/10/2003
		For FP RECEPTOR ANTAGONISTS OR PGF2 ALPHA ANTAGONISTS FOR TREATING PATHOLOGICAL CONDITIONS OF THE UTERUS
Group Art Unit 4173		Examiner M.L. Sznaidman

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

- | | |
|--|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) | \$ _____ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) | \$ 2350 |
| <input type="checkbox"/> Applicant claims small entity status. | |
| <input type="checkbox"/> A check to cover the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u> . I have enclosed a duplicate copy of this sheet. | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor

- | |
|--|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record. |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. |

/Edwin V. Merkel/

Signature

February 26, 2009

Date

Edwin V. Merkel

Typed or printed name

(585) 263-1128

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 form is submitted.